Case 19-27085-MBK Doc 45 Filed 02/03/20 Entered 02/03/20 16:27:23 Desc Main Document Page 1 of 7

Fill in this info	rmation to identify your	case:	
Debtor 1	Temeko R. Foste	ſ	
	First Name	Middle Name	Last Name
Debtor 2	Michelle R. Foste	r	
(Spouse if, filing)	First Name	Middle Name	Last Name
United States B	ankruptcy Court for the:	DISTRICT OF NEW JEI	RSEY TRENTON VICINAGE
Case number	19-27085-MBK		
(if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	530,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	40,903.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	570,903.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	598,432.68
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	9,804.02
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	157,369.2
	Your total liabilities	\$	765,605.91
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	10,224.43
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,196.64
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this		

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Debtor 1 Temeko R. Foster
Debtor 2 Michelle R. Foster

Case number (if known) 19-27085-MBK

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,216.88

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,804.02
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	46,144.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	55,948.02

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Debtor 1 Temeko R. Foster Debtor 2 Michelle R. Foster United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY TRENTON VICINAGE Case number 19-27085-MBK Check if this is:	
(Spouse, if filing) United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY TRENTON VICINAGE Case number 19-27085-MBK Check if this is:	
Case number 19-27085-MBK Check if this is:	
/If I manual	
(If known) ■ An amended filing	g
A supplement sho	owing postpetition chapter he following date:
Official Form 106I	-
Schedule I: Your Income	12/1

5

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
	employers.	Occupation	Self-Employed	East Territory Director
	Include part-time, seasonal, or self-employed work.	Employer's name	Wow Your Ideas	American Diabetes Assoc
	Occupation may include student or homemaker, if it applies.	Employer's address		
		How long employed to	here?	10 years
Par	t 2: Give Details About Mor	athly Incomo		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. Calculate gross Income. Add line 2 + line 3.

		TOT DEDICT T		iling spouse
2.	\$	0.00	\$	7,982.50
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$_	7,982.50

For Debtor 1 For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

Deb Deb	tor 1 tor 2	Temeko R. Foster Michelle R. Foster	_	Ca	se number (<i>if known</i>)	19	-27085-M	вк	
	Com	ur line 4 hore	4	F	or Debtor 1		or Debtor : on-filing s	pouse	
	Cop	by line 4 here	4.	Ф	0.00	Φ.		982.50	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	1,	371.40	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		239.48	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		122.86	_
	5e.	Insurance	5e.	\$	0.00	\$		927.80	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00	_
	5g.	Union dues	5g.	\$	0.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h.+		0.00			0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$		661.54	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	5,	320.96	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	t		¢.		0.00	
	Oh	monthly net income. Interest and dividends	8a. 8b.	\$		\$		0.00	_
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce	t	\$	0.00	\$		0.00	_
		settlement, and property settlement.	8c.	\$	0.00	\$		0.00	_
	8d.	Unemployment compensation	8d.	\$ \$	0.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	Ф	0.00	\$		0.00	_
	Oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		0.00	_
	8h.	Other monthly income. Specify: 2018 income tax refund (1/12th)	8h.+	· \$		+ \$		0.00	_
		Rental income		\$	1,000.00	\$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,903.47	\$		0.0	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,903.47 + \$_	ţ	5,320.96	= \$	10,224.43
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in <i>Scheduli</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen		.,	•		_	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies						\$	10,224.43
13.	Do	you expect an increase or decrease within the year after you file this forn	1?					Combi month	ned ly income
		No. Yes Explain:							

Fill in this info	ormation to identify your case:						
Debtor 1	Temeko R. Foster		Chacl	v if this is:			
Debtor 1	Tellieko K. Fostei			Check if this is: An amended filing			
Debtor 2 (Spouse, if filing	g) Michelle R. Foster			· ·	ving postpetition chapter the following date:		
United States I	Bankruptcy Court for the: DISTRICT OF NEW JERSEY TREVICINAGE	ENTON	1	MM / DD / YYYY			
Case number (If known)	19-27085-MBK						
	Form 106J						
	ule J: Your Expenses				12/1		
information number (if k	lete and accurate as possible. If two married people ar If more space is needed, attach another sheet to this nown). Answer every question.	e filing together, both are form. On the top of any a	e equa additio	illy responsible fon all pages, write y	or supplying correct your name and case		
1. Is this a	a joint case?						
☐ No. (Go to line 2.						
Yes.	Does Debtor 2 live in a separate household?						
	■ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Household o	of Debto	or 2.			
2. Do you	have dependents? \[\sum_{No} \]						
Do not I Debtor	ist Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship Debtor 1 or Debtor 2	o to	Dependent's age	Does dependent live with you?		
Do not s	state the				□ No		
	ents names.	Son		7	■ Yes		
					□ No		
		Daughter		10	Yes		
					□ No □ Yes		
					□ res		
					☐ Yes		
expens	r expenses include es of people other than If and your dependents?						
Part 2:	stimate Your Ongoing Monthly Expenses						
Estimate yo	ur expenses as of your bankruptcy filing date unless y s of a date after the bankruptcy is filed. If this is a supp						
Include exp	enses paid for with non-cash government assistance i	f vou know					
	such assistance and have included it on Schedule I:)			Your expe	enses		
	ntal or home ownership expenses for your residence. Its and any rent for the ground or lot.	nclude first mortgage	4. \$		2,841.37		
If not in	cluded in line 4:						
4a. R	eal estate taxes		4a. \$		0.00		
	roperty, homeowner's, or renter's insurance		4a. \$		0.00		
	ome maintenance, repair, and upkeep expenses		4c. \$		150.00		

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

4d. \$

0.00

0.00

	otor 1 Temeko R. Foster Michelle R. Foster	Case number (if known)	19-27085-MBK
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	275.00
	6b. Water, sewer, garbage collection	6b. \$	105.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	120.00
	6d. Other. Specify: Cell phone	6d. \$	520.00
7.	Food and housekeeping supplies	7. \$	650.00
8.	Childcare and children's education costs	8. \$	180.00
9.	Clothing, laundry, and dry cleaning	9. \$	115.00
10.	Personal care products and services	10. \$	75.00
11.	Medical and dental expenses	11. \$	140.00
12.	Transportation. Include gas, maintenance, bus or train fare.	40. •	750.00
	Do not include car payments.	12. \$	
	Entertainment, clubs, recreation, newspapers, magazines, and boo		0.00
	Charitable contributions and religious donations	14. \$	0.00
15.	Insurance.	- 00	
	Do not include insurance deducted from your pay or included in lines 4 c 15a. Life insurance	or 20. 15a. \$	310.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15b. \$	140.00
	15d. Other insurance. Specify:	15d. \$	
16	Taxes. Do not include taxes deducted from your pay or included in lines		0.00
10.	Specify:	4 01 20. 16. \$	0.00
17	Installment or lease payments:		0.00
17.	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
18.	Your payments of alimony, maintenance, and support that you did		0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official		0.00
19.	Other payments you make to support others who do not live with yo		0.00
	Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this for		
	20a. Mortgages on other property	20a. \$	1,139.07
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
21.	Other: Specify: Pet Food/Supplies	21. +\$	170.00
	Second mortgage on rental property	+\$	457.37
	Exterminator	+\$	41.33
	Lawn care	+\$	17.50
22	Calculate value monthly avenues		
22.	Calculate your monthly expenses 22a. Add lines 4 through 21.	Φ.	0.400.04
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official F	form 106J-2 \$	8,196.64
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	8,196.64
23.	Calculate your monthly net income.		
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	10,224.43
	23b. Copy your monthly expenses from line 22c above.	23b\$	8,196.64
		·	
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	2,027.79
24.	Do you expect an increase or decrease in your expenses within the For example, do you expect to finish paying for your car loan within the year or do modification to the terms of your mortgage? No.		rease or decrease because of a
	☐ Yes. Explain here:		
		-	

Fill in this information to identify your case:						
Debtor 1	Temeko R. Foster	•				
	First Name	Middle Name	Last Name			
Debtor 2	Michelle R. Foste	r				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	RSEY TRENTON VICINAGE			
Case number	19-27085-MBK					
(ii kilowii)						

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Di	id you pay or agree to pay someone who is N	OT an attorney to help	you fill out bankruptcy forms?
-	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	70/ 10/110/00/01/11/00/01	ad the summary and s	/s/ Michelle R. Foster
	Temeko R. Foster Signature of Debtor 1		Michelle R. Foster Signature of Debtor 2
	-		_
	Date January 30, 2020		Date January 30, 2020